OPAP Authorization Requirements

As a reminder, CareFirst has eliminated the need for Outpatient Pretreatment Authorization Plan (OPAP) authorizations* for most members seeking rehabilitative physical, occupational and speech therapies, and chiropractic services.

Note: When applicable, habilitative physical, occupational and speech therapies still require OPAP authorizations. Call FirstLine to reach a customer service representative to identify members who require OPAP authorization for habilitative services.

Please remember:
- Members covered by self-funded plans may still require authorizations from OPAP before receiving these services. BlueLine and FirstLine will identify members who still require OPAP authorization.
- CareFirst BlueChoice members without opt-out benefits must use CareFirst BlueChoice contracted PT, OT, ST and chiropractic providers.
- Verify member benefits, eligibility and PCP referral requirements prior to rendering services by calling BlueLine or FirstLine.
- CareFirst BlueChoice members are required to obtain a PCP written referral for the first three visits only (unless the member has BlueChoice Open Access)
- Maryland Point of Service (MPOS) members generally require a PCP written referral for chiropractic services only; written referrals are not required for PT, OT and ST services.

To help make authorizations less complicated, we’ve introduced a new form for both initial and re-authorization requests. Visit www.carefirst.com/providers > Forms to download a copy of the new form.

*This change affects OPAP authorizations only. If a member’s plan requires a written referral from a PCP prior to receiving in-network services, the member will continue to need a written referral.
WHAT’S HAPPENING

Exclusive Provider Organization Product

The Exclusive Provider Organization Product (EPO) is offered by some employers (e.g. State of Maryland, etc.) to its members. Members in this product must receive services from a participating provider in the CareFirst PPO network. Members also have access to the National Blue Cross Blue Shield PPO network across the country and around the world. There is no separate network that a CareFirst participating provider must join to service a member in an EPO product.

The Exclusive Provider Organization Product (EPO) include the following:

- Members must receive care from a provider in the Preferred Provider Organization (PPO) network
- No Primary Care Provider selection required
- No referrals required for specialist care
- No copay for preventive visits when rendered by a PPO provider

When rendering services, always ask a member for the most recent copy of their identification card and verify eligibility and benefits by using CareFirst Direct or the Voice Response Unit (VRU).

CLAIMS AND BILLING

Expedite Your Claims Processing
Submit a Corrected Claim Electronically

Do you currently have electronic claims submission capabilities? If so, submit your corrected claims electronically to help expedite claims processing.

Helpful Tips for Professional and Institutional Providers:

- Claims should include a value of ‘7’ in Loop 2300, Segment CLM05-3
- Claims should include the original DCN in Loop 2300, Ref*F8
- Professional Providers should submit claims in the HIPAA transaction 837P
- Institutional Providers should submit claims in the HIPAA transaction 837I

What Is a Corrected Claim?

A corrected claim is a replacement of a previously submitted claim due to changes that could be clinical, member related, etc. A corrected claim is not an inquiry or appeal.

DME Codes for Pre-Authorization Now Online

Services for certain BlueChoice benefits require an authorization to be on file in order for claims to be paid. To promote efficiency, CareFirst has determined that some procedure codes no longer require an authorization for claims with dates of service on or after May 1, 2012.

We have compiled a list of procedure codes that require an authorization to provide benefits for Durable Medical Equipment (DME). Please visit www.carefirst.com/providers/authcodes to view the list of DME codes that still require pre-authorization.

Visit www.carefirst.com/providers > resources > authorization codes to find out more.

Register for an upcoming “Submitting Corrected Claims” training session. Visit the CPET Corner for more information or call 877-269-2219.
**HEALTH CARE POLICY**

### New Technology Evaluated

Our Technology Assessment Unit evaluates new and existing technologies to apply to our local indemnity and managed care benefit plans. The unit relies on current scientific evidence published in peer-reviewed medical literature, local expert consultants and physicians to determine whether those technologies meet CareFirst criteria for coverage. Policies for non-local accounts like NASCO and FEP may differ from our local determinations. Please verify member eligibility and benefits prior to rendering services via BlueLine, FirstLine or CareFirst Direct. The Technology Assessment Unit recently made the following determinations:

<table>
<thead>
<tr>
<th>TECHNOLOGY</th>
<th>DESCRIPTION</th>
<th>CAREFIRST AND CAREFIRST BLUE CHOICE DETERMINATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proton beam radiotherapy for cancer of the prostate</td>
<td>A type of charged-particle radiation treatment for localized cancer of the prostate</td>
<td>Considered not medically necessary CPT® reporting codes 77520-77525</td>
</tr>
<tr>
<td>Genetic testing for inherited cardiomyopathies</td>
<td>Identifies genes linked with the development of familial cardiomyopathies in individuals who may be at risk</td>
<td>Considered medically necessary for family members determined to be at risk CPT® reporting codes 83890-83912 series</td>
</tr>
<tr>
<td>Biofeedback as a treatment for migraine</td>
<td>Trains a patient to monitor and control certain body functions to reduce frequency and severity of migraine attacks</td>
<td>Considered medically necessary CPT® reporting code 90901</td>
</tr>
</tbody>
</table>

### Medical Policy Updates

Our Health Care Policy department continuously reviews medical policies and operating procedures as new, evidence-based information becomes available regarding advances on new or emerging technologies, as well as current technologies, procedures and services. The table below is a guide designed to provide updates on changes to existing or new local policies and procedures during our review process. Each local policy or procedure listed includes a brief description of its status, select reporting instructions and effective dates. Policies from non-local accounts, such as NASCO and FEP, may differ from our local determinations. Please verify member eligibility and benefits prior to rendering service through BlueLine, FirstLine or CareFirst Direct.

Note: The effective dates for the policies listed below represent claims processed on and after that date.

<table>
<thead>
<tr>
<th>MEDICAL POLICY AND/OR PROCEDURE</th>
<th>ACTIONS, COMMENTS AND REPORTING GUIDELINES</th>
<th>POLICY STATUS AND EFFECTIVE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.01.042 Temperature Gradient Studies</td>
<td>This policy has been archived and is no longer scheduled for review. This policy has been combined with the policy on Thermography and Temperature Gradient Studies (see Medical Policy 6.01.012)</td>
<td>Archived Effective 4/23/12</td>
</tr>
<tr>
<td>2.01.066 Digital Pulse Wave Analysis Assessment of Arterial Elasticity</td>
<td>Digital pulse wave analysis assessment of arterial elasticity is considered experimental / investigational as a screening diagnostic test for cardiovascular disease. Report services with category I CPT® unlisted code 93799.</td>
<td>New policy Effective 4/23/12</td>
</tr>
</tbody>
</table>
### Medical Policy Updates (CONTINUED)

<table>
<thead>
<tr>
<th>MEDICAL POLICY AND/OR PROCEDURE</th>
<th>ACTIONS, COMMENTS AND REPORTING GUIDELINES</th>
<th>POLICY STATUS AND EFFECTIVE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.02.013 Transcatheter Closure of the Left Atrial Appendage</td>
<td>Transcatheter closure of the left atrial appendage to reduce stroke risk in patients with atrial fibrillation is considered experimental/investigational. Report service with Category I CPT® code 93799.</td>
<td>New policy Effective 4/23/12</td>
</tr>
<tr>
<td>6.01.012 Thermography and Temperature Gradient Studies</td>
<td>Title changed from “Thermography” to “Thermography and Temperature Gradient Studies.” Archived Policy 2.01.042 has been combined with 6.01.012. Description updated. Policy statement changed to read the use of all forms of thermography and temperature gradient studies is considered experimental/investigational. Under Policy Guidelines, added 2012 rationale statement. Report service with Category I CPT® code 93740.</td>
<td>Policy review and update Effective 4/23/12</td>
</tr>
<tr>
<td>6.01.036 Magnetoencephalography and Magnetic Source Imaging</td>
<td>Policy revised. Added policy statement that magnetoencephalography and magnetic source imaging is considered to be medically necessary as part of the preoperative evaluation of patients with intractable epilepsy when standard techniques do not provide satisfactory localization of epileptic lesion(s). Under Policy Guidelines, added 2012 rationale statement. Report service with Category I CPT® code 95965, 95966 or 95967. Refer to policy for details.</td>
<td>Policy review and update Effective 4/23/12</td>
</tr>
<tr>
<td>6.01.044 Digital Breast Tomosynthesis</td>
<td>Digital breast tomosynthesis is considered experimental/investigational. Report services with Category I CPT® unlisted code 76499.</td>
<td>New policy Effective 4/23/12</td>
</tr>
<tr>
<td>11.01.049 MaterniT21™ First Trimester Genetic Screening for Trisomy 21</td>
<td>The MaterniT21™ first trimester genetic screening test for trisomy 21 is considered experimental/investigational. Report services with Category I CPT® unlisted code 84999.</td>
<td>New policy Effective 4/23/12</td>
</tr>
</tbody>
</table>
Welcome to the CPET Corner

In this issue of BlueLink, we introduce CPET Corner, Training Tips with Lisa Long, in which Lisa — who has been with CareFirst provider service, contracting and relations for more than 20 years — will offer training tips, suggestions and answers to many of your frequently asked training and education questions regarding the Center for Provider Education and Training.

In each issue, Lisa will highlight upcoming seminars, detail coding or provide insight into many of the course and programs offered through the CPET.

In this issue, listen to Lisa discuss upcoming modules, including BlueCard, CareFirst Direct, HealthyBlue and more.

If you haven’t visited CPET, click here. Once inside, office staff can learn about CareFirst products and procedures through many training modules, while providers can access links to medical education programs.

We hope you enjoy CPET Corner and that it provides you with relevant training opportunities, tips and updates. With feedback or to reach us, visit www.carefirst.com/cpet and click “contact us.” To register, click here.

IMPORTANT: This “contact us” section of CPET is used to gather feedback or additional information on training programs or enroll in training only. If you are emailing with specific benefit questions or concerns in another area, please use our self-service channels, including BlueLine/FirstLine or CareFirst Direct prior to calling Provider Services at 800-842-5975.

Provider Seminars

Practitioner and Staff Seminars and Training Sessions

See what the Center for Provider Education and Training has to offer. View upcoming sessions and find an opportunity that works for you and your staff.

<table>
<thead>
<tr>
<th>DATE AND TIME</th>
<th>LOCATION</th>
<th>ROOM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday, June 12, 2012</td>
<td>Homewood Suites, Hagerstown</td>
<td>Conference Room</td>
</tr>
<tr>
<td>10 a.m. to Noon</td>
<td>1650 Pullman Lane Hagerstown, Md. 21740</td>
<td></td>
</tr>
<tr>
<td>HealthyBlue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday, June 12, 2012</td>
<td>Homewood Suites, Hagerstown</td>
<td>Conference Room</td>
</tr>
<tr>
<td>1 p.m. to 4 p.m.</td>
<td>1650 Pullman Lane Hagerstown, Md. 21740</td>
<td></td>
</tr>
<tr>
<td>Basics &amp; Updates</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Hospital Seminars (CONTINUED)

<table>
<thead>
<tr>
<th>DATE AND TIME</th>
<th>LOCATION</th>
<th>ROOM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday, June 12, 2012</td>
<td>Homewood Suites, Hagerstown 1650 Pullman Lane Hagerstown, Md. 21740</td>
<td>Conference Room</td>
</tr>
<tr>
<td>10 a.m. to Noon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HealthyBlue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday, June 26, 2012</td>
<td>Fair Oaks Hospital 3600 Joseph Siewick Drive Medical Plaza Building</td>
<td>Conference Room C</td>
</tr>
<tr>
<td>10 a.m. to 1 p.m.</td>
<td>Fairfax, Va. 22033</td>
<td></td>
</tr>
<tr>
<td>Hospital Quarterly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wednesday, July 11, 2012</td>
<td>Franklin Square Medical Center 9000 Franklin Square Drive Baltimore, Md.</td>
<td>Kotzen Auditorium</td>
</tr>
<tr>
<td>10 a.m. to 1 p.m.</td>
<td>21237</td>
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<tr>
<td>Hospital Quarterly</td>
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### Ancillary Seminars

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<thead>
<tr>
<th>DATE AND TIME</th>
<th>LOCATION</th>
<th>ROOM</th>
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</thead>
<tbody>
<tr>
<td>Tuesday, June 12, 2012</td>
<td>Homewood Suites, Hagerstown 1650 Pullman Lane Hagerstown, Md. 21740</td>
<td>Conference Room</td>
</tr>
<tr>
<td>10 a.m. to Noon</td>
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<tr>
<td>HealthyBlue</td>
<td></td>
<td></td>
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<tr>
<td>Thursday, June 14, 2012</td>
<td>Fair Oaks Hospital 3600 Joseph Siewick Drive Medical Plaza Building</td>
<td>Conference Room C</td>
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<tr>
<td>10 a.m. to Noon</td>
<td>Fairfax, Va. 22033</td>
<td></td>
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<tr>
<td>Hospice</td>
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### Webinars

<table>
<thead>
<tr>
<th>DATE</th>
<th>TYPE</th>
<th>TIME</th>
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<tbody>
<tr>
<td>6/12/2012</td>
<td>PCMH Enter a Referral</td>
<td>10 a.m.</td>
</tr>
<tr>
<td>6/12/2012</td>
<td>HealthyBlue Dual/Triple Intro/HAWEF</td>
<td>2 p.m.</td>
</tr>
<tr>
<td>6/12/2012</td>
<td>Anesthesia</td>
<td>3 p.m.</td>
</tr>
<tr>
<td>6/12/2012</td>
<td>Submission of a Corrected Claim</td>
<td>12:30 p.m.</td>
</tr>
<tr>
<td>6/13/2012</td>
<td>PCMH SearchLight</td>
<td>7:30 a.m.</td>
</tr>
<tr>
<td>6/13/2012</td>
<td>VRU</td>
<td>10 a.m.</td>
</tr>
<tr>
<td>6/13/2012</td>
<td>HIT</td>
<td>12:30 p.m.</td>
</tr>
<tr>
<td>6/13/2012</td>
<td>PCMH Member Health Record</td>
<td>2 p.m.</td>
</tr>
<tr>
<td>6/14/2012</td>
<td>PCMH Portal Admin Training</td>
<td>7:30 a.m.</td>
</tr>
<tr>
<td>6/14/2012</td>
<td>PCMH OIA Reports</td>
<td>10 a.m.</td>
</tr>
</tbody>
</table>
## Provider Seminars (CONTINUED)

<table>
<thead>
<tr>
<th>DATE</th>
<th>TYPE</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/14/2012</td>
<td>Home Health</td>
<td>12:30 p.m.</td>
</tr>
<tr>
<td>6/14/2012</td>
<td>PCMH Entering Care Plan</td>
<td>2 p.m.</td>
</tr>
<tr>
<td>6/14/2012</td>
<td>PCMH OIA Reports</td>
<td>6 p.m.</td>
</tr>
<tr>
<td>6/19/2012</td>
<td>PCMH Portal Upgrade</td>
<td>7:30 a.m.</td>
</tr>
<tr>
<td>6/19/2012</td>
<td>PCMH Portal Overview</td>
<td>9 a.m.</td>
</tr>
<tr>
<td>6/19/2012</td>
<td>Ancillary MH/Sub Abuse Facility</td>
<td>12:30 p.m.</td>
</tr>
<tr>
<td>6/19/2012</td>
<td>PCMH Portal Admin Training</td>
<td>2 p.m.</td>
</tr>
<tr>
<td>6/19/2012</td>
<td>PCMH SearchLight</td>
<td>3:30 p.m.</td>
</tr>
<tr>
<td>6/20/2012</td>
<td>PCMH Consent Process</td>
<td>10 a.m.</td>
</tr>
<tr>
<td>6/20/2012</td>
<td>DME</td>
<td>12:30 p.m.</td>
</tr>
<tr>
<td>6/20/2012</td>
<td>HealthyBlue 2.0</td>
<td>3 p.m.</td>
</tr>
<tr>
<td>6/20/2012</td>
<td>OB/GYN</td>
<td>4 p.m.</td>
</tr>
<tr>
<td>6/21/2012</td>
<td>PCMH OIA Reports</td>
<td>7:30 a.m.</td>
</tr>
<tr>
<td>6/21/2012</td>
<td>MPOS</td>
<td>9 a.m.</td>
</tr>
<tr>
<td>6/21/2012</td>
<td>ASC &amp; Fee Schedule</td>
<td>12:30 p.m.</td>
</tr>
<tr>
<td>6/21/2012</td>
<td>HealthyBlue Dual/Triple Benefits/Referrals</td>
<td>2 p.m.</td>
</tr>
<tr>
<td>6/21/2012</td>
<td>PCMH Portal Upgrade</td>
<td>3:30 p.m.</td>
</tr>
<tr>
<td>6/21/2012</td>
<td>PCMH SearchLight</td>
<td>6 p.m.</td>
</tr>
<tr>
<td>6/26/2012</td>
<td>PCMH SearchLight</td>
<td>7:30 a.m.</td>
</tr>
<tr>
<td>6/26/2012</td>
<td>HealthyBlue Dual/Triple Intro/HAWEF</td>
<td>10 a.m.</td>
</tr>
<tr>
<td>6/26/2012</td>
<td>BlueChoice</td>
<td>Noon</td>
</tr>
<tr>
<td>6/26/2012</td>
<td>PCMH Member Health Record</td>
<td>2 p.m.</td>
</tr>
<tr>
<td>6/26/2012</td>
<td>PCMH Entering Care Plan</td>
<td>3:30 p.m.</td>
</tr>
<tr>
<td>6/26/2012</td>
<td>PCMH Portal Upgrade</td>
<td>6 p.m.</td>
</tr>
<tr>
<td>6/27/2012</td>
<td>PCMH Portal Admin Training</td>
<td>10 a.m.</td>
</tr>
<tr>
<td>6/27/2012</td>
<td>Submission of a Corrected Claim</td>
<td>3:30 p.m.</td>
</tr>
<tr>
<td>6/27/2012</td>
<td>Dialysis</td>
<td>12:30 p.m.</td>
</tr>
<tr>
<td>6/27/2012</td>
<td>PCMH Enter a Referral</td>
<td>2 p.m.</td>
</tr>
<tr>
<td>6/27/2012</td>
<td>PCMH OIA Reports</td>
<td>6 p.m.</td>
</tr>
<tr>
<td>6/28/2012</td>
<td>PCMH Portal Upgrade</td>
<td>7:30 a.m.</td>
</tr>
<tr>
<td>6/28/2012</td>
<td>HealthyBlue Dual/Triple Benefits/Referrals</td>
<td>10 a.m.</td>
</tr>
<tr>
<td>6/28/2012</td>
<td>New Provider</td>
<td>Noon</td>
</tr>
<tr>
<td>6/28/2012</td>
<td>Entering a Referral</td>
<td>3 p.m.</td>
</tr>
<tr>
<td>6/28/2012</td>
<td>PCMH OIA Reports</td>
<td>4 p.m.</td>
</tr>
</tbody>
</table>
QUALITY IMPROVEMENT

Practitioner’s Role in Resolving Member Complaints

CareFirst’s Quality of Care (QOC) Department investigates complaints related to the quality of care and service provided by practitioners and providers in the CareFirst network and takes action, when appropriate. We evaluate complaints annually to identify and address opportunities for improvement across the network.

What happens when we receive a complaint from a member involving a practitioner or provider?
The QOC Department has only the member’s perspective of the complaint and will contact you for additional information and your perception. At the conclusion of our investigation, we will advise you and the member of the findings and resolution. We are committed to resolving member complaints within 60 days, and your timely response helps us meet that goal.

Can I register a complaint on behalf of a CareFirst or CareFirst BlueChoice member?
A practitioner may register a complaint on behalf of a member regarding the quality of care or service provided to the member by another practitioner or provider. You may submit the complaint in one of three ways:

- Email quality.care.complaints@carefirst.com
- Fax a written complaint to 301-470-5866
- Mail a written complaint to:
  CareFirst Quality of Care Department Central Appeals Unit
  P.O. Box 17636
  Baltimore, Md. 21297

Please include the following information when submitting a complaint:

- Your telephone number
- Your provider number
- Member’s name
- Member’s ID number
- Date(s) of service
- As much detail as possible about the event

Thank you for playing an important role in resolving member complaints and helping improve member satisfaction.

Availability of Members’ Rights and Responsibilities Statement

CareFirst is committed to providing quality, cost effective health care while maintaining a mutually respectful relationship with our members. The Members’ Rights and Responsibilities statement acknowledges our responsibilities to provide services and information to members, and outlines expectations regarding members’ responsibilities.

The Members’ Rights and Responsibilities statement is provided to members in the Member handbooks, published annually in Vitality, the member newsletter and is available on the CareFirst website. To request a paper copy of the Members’ Rights and Responsibility statement, please call 800-842-5975.

Click here to view the Eligible Individuals’ Rights Statement Wellness and Health Promotion Services.
Practitioner Satisfaction Survey 2011

Each year, CareFirst surveys its primary care physicians to evaluate their satisfaction with the medical management of the BlueChoice and BluePreferred health plans. The survey was fielded in September and October 2011. Of the 3,863 offices contacted, 297 physicians responded, for a response rate of 17.6 percent.

Physicians rated CareFirst on a scale of 1-10 in the following attributes: overall satisfaction, utilization management, administrative support, referral process, ancillary and specialist providers, provider services staff, plan contact, communications, Patient Centered Medical Home (PCMH) Program and HealthyBlue. Additionally, CareFirst is compared to the competition in a number of attributes and rated on a scale of 1-5 where 5 is much better than the competition and 1 is much worse than the competition.

### Strengths
- Overall satisfaction with BluePreferred
- Preventive and clinical practice guidelines are useful
- General availability of specialists
- PCMH Program Provider Relations Representatives
- HealthyBlue Health and Wellness Evaluation form

### Better Than the Competition
As in 2010, nearly half of the BlueChoice and BluePreferred physicians rated utilization management better than the competition for ease of submitting and timeliness of receiving authorizations.

### Opportunities for Improvement
- Availability of behavioral health specialists, particularly child psychiatrists
- Appointment access to behavioral health specialists
- Feedback to PCPs on CareFirst patients from behavioral health practitioners and hospitals
- PCMH program communication, electronic tools and nurse care coordinators
- Fee schedule

### Improvement Efforts
- Recruitment and contracting by CareFirst and our behavioral health partner, Magellan Health Services
- Magellan provides Care Managers to assist PCPs with locating the most appropriate practitioner
- Magellan emphasized communication to the PCP from behavioral health practitioners with the Key Provider Groups
- Developed a PCMH newsletter
- Enhanced the PCMH web portal
- Hired a Vice President of PCMH Regional Care Coordination who will provide oversight of the Regional and Local Care Coordinators
- Practitioners who participate in PCMH can earn meaningful reimbursement increases
PHARMACY UPDATES

Prior Authorization

The following prescription drugs require prior authorization for prescriptions covered under the CareFirst prescription drug plan:

- Subsys™ for the treatment of breakthrough cancer pain

New Generics

The following drugs will be available as generic. The generics will be covered on tier 1 and the brand-name drugs will be on tier 3 or non-preferred.

<table>
<thead>
<tr>
<th>BRAND NAME</th>
<th>GENERIC NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avalide®</td>
<td>irbesartan/hydrochlorothiazide</td>
</tr>
<tr>
<td>Avapro®</td>
<td>irbesartan</td>
</tr>
<tr>
<td>Boniva®</td>
<td>ibandronate</td>
</tr>
<tr>
<td>Geodon®</td>
<td>ziprasidone</td>
</tr>
<tr>
<td>Lexapro®</td>
<td>escitalopram</td>
</tr>
<tr>
<td>Prometrium®</td>
<td>progesterone</td>
</tr>
<tr>
<td>Provigil®</td>
<td>modafinil</td>
</tr>
<tr>
<td>Seroquel®</td>
<td>quetiapine</td>
</tr>
</tbody>
</table>

Removed from Preferred Drug List

The following drugs have been moved to tier 3 or non-preferred drugs.

<table>
<thead>
<tr>
<th>BRAND NAME</th>
<th>GENERIC NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abilify® &amp; Abilify Dismelt®</td>
<td>aripipazole</td>
</tr>
<tr>
<td>Saphris®</td>
<td>asenapine</td>
</tr>
<tr>
<td>Seroquel® XR</td>
<td>quetiapine</td>
</tr>
<tr>
<td>Tekturna®</td>
<td>aliskiren</td>
</tr>
<tr>
<td>Tekturna® HCT</td>
<td>aliskiren/hydrochlorothiazide</td>
</tr>
<tr>
<td>Valturna®</td>
<td>aliskiren/valsartan</td>
</tr>
</tbody>
</table>

For the most current preferred drug list, prior authorization forms and pharmaceutical management procedures, click here. For a paper copy of the formulary and pharmaceutical management procedures, call 877-800-3086.

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